

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10739

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? lifetime
Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Somerset
City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No... Chesapeake Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

LOUIS FRANCIS ADAMS

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single
6. (b) Name of husband or wife
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 26, 1948
8. AGE: Years 0 Months 1 Days 17 If less than one day hrs. min.

9. Birthplace... Crisfield-Somerset-Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name... Upshur Adams
13. Birthplace... Rural--Crisfield
14. Maiden name... Alta Norris Somers
15. Birthplace... Norfolk, Virginia

16. Informant... Upshur Adams
Address... Crisfield, Maryland

17. Burial Date thereof... Oct. 15, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Crisfield Cemetery
Location... Crisfield, Maryland

18. Funeral director... H. Harvey Bradshaw
Address... Crisfield, Maryland

19. Oct 15th 48 19 48 Janice E. Spivey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Oct. 13 19 48 at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 12 19 48 to Oct. 13 19 48
and that I last saw him alive on Oct. 13 19 48

Immediate cause of death... Bradbury Dysentery
DURATION 4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... S. M. Peyton M.D.
M. D. or other

Address... Crisfield, Md Date signed Oct. 15, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10740

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH

County Somerset
City or town Kings Creek Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 75 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Kings Creek Princess Anne, Md. R.I.
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If venereal, name venereal

3. (a) FULL NAME

Benjamin J. Barns

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Marian D. Barns

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1867 8. (c) If alive, give age 78 years

8. AGE: Years 81 Months 2 Days 10 If less than one day hrs. min.

9. Birthplace Worcester Co. Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Francis Barns

12. Name Maryland

13. Birthplace Emma Lankford

14. Maiden name Maryland

15. Birthplace Mr. Benjamin L. Barns

16. Informant Princess Anne, Md
Address17. Burial Date thereof Oct. 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Antioch Methodist Cemetery

Location Princess Anne, Maryland

18. Funeral director Wilson Funeral Home

Address Princess Anne, Md

19. 10/23/48 48 R. E. Johnson, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21, 1948 8 P.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him alive on

Immediate cause of death Cerebral Hemorrhage

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. E. Johnson, M.D.

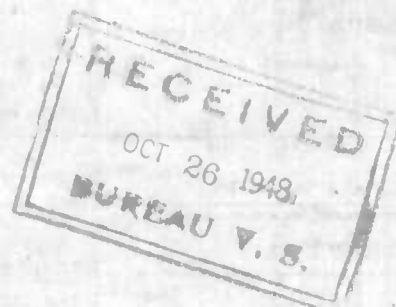
Address Princess Anne, Md Date signed 10/23/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10741

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... SomersetCity or town... Longwood
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... SomersetCity or town... Longwood
(If outside city or town limits, write RURAL and give nearest town)Street No. R 310
(If rural, give LOCATION)2. (a) If veteran, name war... None

3. (a) FULL NAME

Vanessa L. Bates

3. (b) Social Security Number

None4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife... Albert L.6. (c) If alive, give age... 30 years7. Birth date of deceased (mo., day, yr.) April 24, 19208. AGE: Years 28 Months 5 Days 22 It less than one day hrs. min.9. Birthplace... Longwood
(Town, county, and state)10. Usual occupation... Housewife11. Industry or business... None12. Name... Vanessa Maugherty13. Birthplace... MD14. Maiden name... Wattie E. Sterling15. Birthplace... MD16. Informant... Wattie E. MaughertyAddress... Longwood17. Burial Date thereof... 10/18/48
(Burial, cremation, or removal. When?) (month) (day) (year)Cemetery or crematory... Graveside M. E.Location... Longwood MD18. Funeral director... Hubert L. MaughertyAddress... Longwood MD19. Oct. 18th 1948 Janice E. Spivey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Oct 16 1948 at 3:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 14 1948 to Oct. 16 1948and that I last saw him alive on Oct. 16 1948Immediate cause of death... Pulmonary TuberculosisDURATION 5 yrs

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

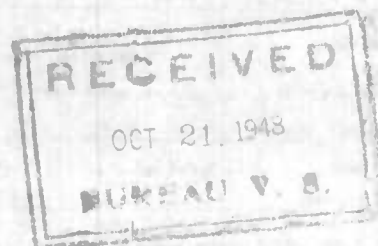
Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Sarah M. Peyton MDAddress... Crisfield, Md Date signed... Oct. 18, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

10742

1. PLACE OF DEATH:

County Somerset
City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No. (Mt. Vernon)
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Mary Jane Dashie II

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 5, 1864

B. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

8474

hrs.

min.

9. Birthplace

Mt. Vernon - Somerset - Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name

Soram Balban

13. Birthplace

Unknown

14. Maiden name

Elizabeth Hitch

15. Birthplace

Somerset County

16. Informant

Mrs. Carroll Parks

Address

Princess Anne, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Oct. 11, 1948
(month) (day) (year)

Cemetery or crematory

Presbyterian Cemetery

Location

Princess Anne, Maryland

18. Funeral director

R. Dale Dashie II

Address

Princess Anne, Md.

19.

10/9/48
(Date rec'd by registrar)

19.

R. S. Johnson, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9, 1948 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1, 1948 to Oct. 8, 1948and that I last saw him alive on Oct. 8Immediate cause of death Coronary occlusion

DURATION

Sudden

Due to

Coronary atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank Mader, MD

M. D. or other

Address

Princess AnneDate signed 10/9/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 12 1948
BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10743

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Somerset
City or town Shelltown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

GORDON DRYDEN

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Naomi Bell Dryden

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1878 6.(c) If alive, give age _____ years

8. AGE: Years 70 Months 1 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Manokin-Somerset-Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Frank Dryden

13. Birthplace Fairmount, Somerset Co. Md.

14. Maiden name Virginia Dize

15. Birthplace Crisfield, Somerset Co. Md.

16. Informant Mrs. Naomi Dryden

Address Shelltown, Maryland

17. Burial Date thereof Nov. 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rehobeth Methodist Cmt.

Location Rehobeth, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. Nov. 1 1948 Janice E. Spier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1948 at 10 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 1948 to Oct 29 1948
and that I last saw him alive on Oct 25 1948

Immediate cause of death Acute Dil. of Heart
urine

Due to Chronic Dil. of Heart
Chronic myocarditis

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lucas E. Coulburn M.D. M. D. or other

Address Marion St. Md. Date signed Oct 30 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

10744

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R 310
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Bureau Jane Conner

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Oscar R
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Jan. 1, 1878
 8. AGE: Years 70 Months 9 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Somerset Co. Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business None
 12. Name James C. Regue
 13. Birthplace MD
 14. Maiden name Rose A.
 15. Birthplace MD

16. Informant Bureau Conner
 Address Crisfield
 17. Burial Date thereof Oct 4/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Crisfield
 Location Crisfield
 18. Funeral director Shelton & Connelley
 Address 306 Main St. Crisfield
 19. October 4th 19 48
 (Date rec'd by registrar) Janice E. Spivey Registrar

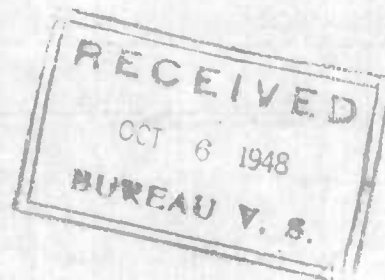
MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 19 48 at 1 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 27 19 48 to Oct 2 19 48
 and that I last saw him alive on Oct. 2 19 48
 Immediate cause of death cerebral hemorrhage DURATION 5 1/2 days
 Due to _____
 Due to _____
 Other conditions hemiplegia, left side
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE C. H. Rawley M.D.
 Address Crisfield, Md. Date signed _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset

City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:
Asbury Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. Asbury Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

KATHRYN C. GOLDSBOROUGH

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Chas. W. Goldsborough

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) October 24, 1883

8. AGE: Years 64 Months 11 Days 20 If less than one day hrs. min.

9. Birthplace Crisfield-Somerset-Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John Howard

13. Birthplace Crisfield, Maryland

14. Maiden name Clara Miller

15. Birthplace Somerset County, Maryland

16. Informant Chas. W. Goldsborough

Address Crisfield, Maryland

17. Burial Date thereof Oct. 19, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Sunny Ridge Cemetery

Location Crisfield, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. Oct 18 1948 Janice E. Spivey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1948 at 9:01 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1948 to Oct 16 1948

and that I last saw him alive on Oct 16 1948

Immediate cause of death Chronic nephritis

DURATION 1 yr. +

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Payton M.D. M. D. or other

Address Crisfield Md Date signed Oct 17 1948

10745

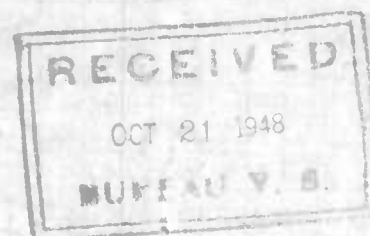
1318

MARGIN RESERVED FOR BINDING

VS A15

9.45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The doctor's age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

10746

1. PLACE OF DEATH:

County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
19 years
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
McCready Memorial Hosp.
4 days
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
Potomac Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

JOHN A. GUY

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Molly V. Guy
 6. (c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) December 24, 1868
 8. AGE: Years 79 Months 9 Days 21 If less than one day
 hrs. min.

9. Birthplace Smith Island-Somerset-Md.
 (Town, county, and state)
Waterman - Captain
 10. Usual occupation
 11. Industry or business Oyster industry
 12. Name William H. Guy
 13. Birthplace Accomac County, Va.
 14. Maiden name Martha A. Evans
 15. Birthplace Smith Island, Md.

16. Informant Molly V. Guy
 Address Crisfield, Md.

17. Burial Date thereof Oct. 17, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
Sunnyridge Cemetery
 Cemetery or crematory
Hopewell, Maryland
 Location

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. Oct 16th 48 19 48
 (Date rec'd by registrar) Registrar Janice E. Spruiell

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1948 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept. 28, 1948 to Oct 14, 1948
 and that I last saw him alive on Oct 14, 1948

Immediate cause of death Cerebral hemorrhage DURATION 3 days

Duo to
 Duo to

Other conditions Carcinoma prostate 7 mo.
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE C. H. Rawley M. D. or other
Crisfield, Md. Date signed 10/16/48

RECEIVED

OCT 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... Somerset
City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
Fifth street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Somerset
City or town... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No... Fifth
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Garfield Jones

3. (b) Social Security Number

217-03-7867

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Rosa Taylor Jones
7. Birth date of deceased (mo., day, yr.) May 3, 1874
6. (c) If alive, give age 75 years
8. AGE: Years 74 Months 5 Days 26 If less than one day hrs. min.

9. Birthplace Nanticoke Wicomico, Maryland
(Town, county, and state)

10. Usual occupation Seafod Laborer

11. Industry or business

FATHER 12. Name Zacriah Jones
13. Birthplace Nanticoke, Md.
MOTHER 14. Maiden name Louise Black
15. Birthplace Fruitland, Md.
16. Informant Bertha M. Elzie
Address Nanticoke, Md.

17. Burial Date thereof Nov. 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery
Location Crisfield, Md.

18. Funeral director H. Harvey Bradshaw
Address Crisfield, Md.

19. Nov. 2nd 48
(Date rec'd by registrar) 19. 48
Janice E. Spivey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1948 at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Sept. 15 1948 to Oct. 30 1948
and that I last saw him alive on Oct. 24 1948

Immediate cause of death Cancer of Prostate
DURATION 9 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. Peyton M. D. or other
Address Crisfield, Md. Date signed Nov. 2

RECEIVED
NOV 6 1948
BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

172

10916

Reg. Dist. No. 265

1. PLACE OF DEATH:

County.....

City or town.....

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution

3. (a) FULL NAME

4. Sex

5. Color or race

6. (c) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

Date thereof

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

If rural, give LOCATION

2. (a) If veteran, name

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 26 1948

at

A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw

alive on

Immediate cause of death

DURATION

Accidental

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age and birth date is on:

FHM No. G 120 JUN 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Marion
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
Crossfield, Md Hosp.
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md. County Somerset
City or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Cora Jesune Kane

3. (b) Social Security Number

214-03-5838

4. Sex female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Levi Kane
6.(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) - - 1885

8. AGE: 62 Years 03 Months 15 Days If less than one day _____ hrs. _____ min.
1885 Dec.

9. Birthplace Somerset County
(Town, county, and state)

10. Usual occupation General house work

11. Industry or business _____

12. Name Peter Whittington

13. Birthplace Marion Station, Md.

14. Maiden name Sally Whittington

15. Birthplace Somerset County

16. Informant _____

Address _____

17. Burial Date thereof Oct. 7, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Peer

Location Marion

18. Funeral director H. W. Tilghman

Address Marion Station, Md.

19. Oct. 6, 1948 Nellie Duffen
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH October 5th 1948 at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 4th 1948 to Oct. 5th 1948
and that I last saw her alive on Oct. 5th 1948

Immediate cause of death acute dilatation of heart

Due to Toxemia

Due to Intestinal Obstruction

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George B. Coulthum M.D.

M. D. or other _____

Address Marion, Md. Date signed _____



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

10749

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Lawfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD County..... Somerset
 City or town..... Lawfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... R 3 B
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

Joel Thomas Hawford

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... married
 6.(b) Name of husband or wife..... Larry S
 7. Birth data of deceased (mo., day, yr.)..... Dec 9, 1879
 8. AGE: Years..... 69 Months..... 8 Days..... 20 If less than one day..... hrs. min.

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... Oct 29 1948 at 6:30 M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 29 1948 to Oct 29 1948
 and that I last saw him alive on Oct 29 1948

Immediate cause of death

Coronary Thrombosis

DURATION

3 daysDue to..... intermyocardial

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State).....
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE.....

S. M. Peyton M.D.

M. D. or other

Address..... Lawfield MD Date signed..... Oct 29, 1948

9. Birthplace..... Lawfield
 (Town, county, and state)
 10. Usual occupation..... Railroad Maintenance
 11. Industry or business..... Railroad
 12. Name..... Edmund S. Hawford
 13. Birthplace..... MD
 14. Maiden name..... Edwina M. Hawford
 15. Birthplace..... MD
 16. Informant..... Edmund S. Hawford
 Address..... Lawfield MD
 17. Burial Data thereof..... 10/31/48
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory..... St. Mary's
 Location..... Lawfield MD
 18. Funeral director..... Mustard & Livingston
 Address..... Lawfield MD
 19. Nov 8th 1948 Janice E. Spies
 (Date rec'd by registrar)..... Registrar

RECEIVED
NOV 10 1948
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

10750

1. PLACE OF DEATH:

County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **60 yrs.**
 Hospital, institution, or street address where death occurred:
6th Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County... **Somerset**
 City or town... **Hopewella**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

JAMES EDWARD MILLS

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **Colored** 6.(a) Single, married, widowed, or divorced **Married**
 6.(b) Name of husband or wife... **Jennie Mills**
 6.(c) If alive, give age... **69** years
 7. Birth date of deceased (mo., day, yr.) **July 4, 1868**
 8. AGE: Years Months Days If less than one day
80 3 3 ... hrs. ... min.

MEDICAL CERTIFICATION

20. DATE OF DEATH... **Oct 7 1948** at **12:25 A.M.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **June 1, 1948** to **Oct 7, 1948**
 and that I last saw him alive on **Oct 5, 1948**
 Immediate cause of death... **Carcinoma Prostate** DURATION **1 1/2 yrs.**
 Due to...
 Due to...
 Other conditions...
 (Include pregnancy within 3 months of death)
 Major findings of operations...
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

9. Birthplace... **Pocomoke City, Worcester, Md.**
 (Town, county, and state)
 10. Usual occupation... **Farmer**
 11. Industry or business
 12. Name... **James Mills**
 13. Birthplace... **Pocomoke City, Md.**
 14. Maiden name... **Caroline Costen**
 15. Birthplace... **Worcester County**
 16. Informant... **Pearl Ball**
 Address... **Crisfield, Md.**

17. **Burial** Date thereof **Oct. 10, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... **Hopewell Cemetery**
 Location... **Hopewell, Md.**
 18. Funeral director... **H. Harvey Bradshaw**
 Address... **Crisfield, Md.**

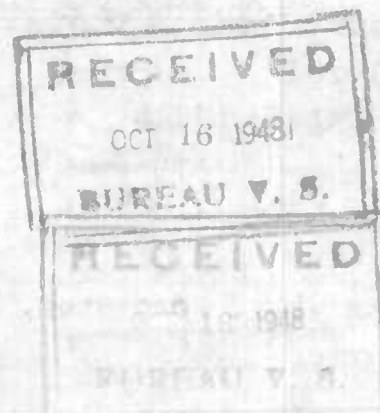
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE **C. G. Rawley M.D.**
 Address... **Crisfield** Date signed...

19. **Oct. 9th 1948** **Janice Edgrees**
 (Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hampton Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. Hampton Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Margaret Russell

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

May 10, 1891

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

5755

hrs.

min.

9. Birthplace

Leemont, Virginia
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER
MOTHER

12. Name

John Henry Russell

13. Birthplace

Leemont, Virginia

14. Maiden name

Susan Hewitt

15. Birthplace

Leemont, Virginia

16. Informant

Mrs. John Wilson

Address

Hampton Ave. - Princess Anne Md.

17.

Buried
(Burial, cremation, or removal. Which?)

Date thereof

10-17-48
(month) (day) (year)

Cemetery or crematory

Parksley Liberty Cemetery

Location

Parksley, Virginia

18. Funeral director

Shreeves and Johnson

Address

Parksley, Virginia

19.

10/15/48
(Date rec'd by registrar)

19.

R. S. Johnson, M.D.
Registrator

Registrator

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 15 1948 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

OCT. 1 1946, to OCT. 15 1948and that I last saw him alive on OCT. 12 1948Immediate cause of death Cerebral
Thrombosis

DURATION

1 moDue to Cerebral Arteriosclerosis

Due to

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank Moten, M.D.

M. D. or other

Address

Princess AnneDate signed 10/15/48

RETURN TO THE UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

OCT 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10752

Reg. Dist. No. 260

1. PLACE OF DEATH:

County... Somerset County

City or town... Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Somerset

City or town... Mt Vernon Md. P. Anne
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Matilda S. Smith

3. (b) Social Security Number

4. Sex... Female 5. Color or race... Colored 6. (a) Single, married, widowed, or divorced... widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.)

Aug 15, 1881

6. (c) If alive, give age _____ years

8. AGE:

Years 67 Months 1 Days 24 hrs. min.

9. Birthplace

Mt Vernon Somerset Md.
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business _____

FATHER

12. Name

Charles S. Jones

13. Birthplace

Mt Vernon Md.

MOTHER

14. Maiden name

Margaret Jones

15. Birthplace

Mt Vernon Md.

16. Informant

Wenwood Jones

Address

Princess Anne Md.

17. Burial

(Burial, cremation, or removal) Which?

Date thereof Oct 13 1948
(month) (day) (year)

Cemetery or crematory

St Paul Cemetery

Location

Mt Vernon Md.

18. Funeral director

Dale Doshell

Address

Princess Anne Md

19. 10/13/48

(Date rec'd by registrar)

R. S. Johnson M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 10, 1948 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 7, 1948 to Oct. 10, 1948
and that I last saw him alive on Oct. 7, 1948

Immediate cause of death

DURATION

Pulmonary Tuberculosis 22 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. H. Seay M.D.

M. D. or other

Address... Salisbury Md. Date signed... 10/23/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 14 1948
BUREAU A. S.

1871

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10753 932 260

1. PLACE OF DEATH:

County Somerset
 City or town Venton, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? forty eight years
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Victor
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Wilhelmina Smith

3. (b) Social Security Number

4. Sex F 5. Color or race Colored 6.(a) Single, married, widowed, or divorced married

8.(b) Name of husband or wife Samuel Smith

6.(c) If alive, give age 77 years
 7. Birth date of deceased (mo., day, yr.) (not known) abt. 1878

8. AGE: Years 70 Months — Days — If less than one day — hrs. — min.

9. Birthplace Viola, Md.
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name William Colbourne

13. Birthplace Somerset County

14. Maiden name Emily Holbrook

15. Birthplace Somerset County

16. Informant Samuel Smith

Address Venton, Md.

17. Burial Date thereof 10-31-1948
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory St. James

Location Viola, Md.

18. Funeral director William H. James Jr.

Address Princess Anne, Md.

19. 10/30 1948 R.H. Johnson, Md.
 (Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28 1948, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1943, to 10-28 1948 and that I last saw him alive on 10-27 1948.

Immediate cause of death

Chronic myocarditis 3 years

Due to

Due to

Other conditions Chronic Bronchitis 8 months

8 months
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Mason M. D. or other

Address Princess Anne, Md. Date signed 10-29-48

1948
76
1878



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10754

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SOMERSET
 City or town EDEN
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 YEARS
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County SOMERSET
 City or town EDEN RURAL I
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

WILLIE J. TAYLOR

3. (b) Social Security Number

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced SINGLE

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) OCTOBER 28, 1902 8. (c) If alive, give age years

8. AGE: Years 45 Months 11 Days 5 If less than one day hrs. min.

9. Birthplace EDEN, SOMERSET COUNTY, MARYLAND
 (Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

12. Name SAMUEL TAYLOR

13. Birthplace MARYLAND

14. Maiden name ELIZABETH SMULLEN

15. Birthplace MARYLAND

16. Informant MRS. IRI HOBBS

Address FRUITLAND, MARYLAND

17. BURIAL Date thereof 10-6-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory ST. JOHN'S CEMETERY

Location FRUITLAND, MARYLAND

18. Funeral director MR. LEVIN B. WILSON

Address WILSON FUN. HOME, PRINCESS ANNE, MD.

19. 10/6/48 R. S. Johnson, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 3, 1948 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that deceased from

and that I last saw him alive on 10/3/48

Immediate cause of death acute heart disease DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

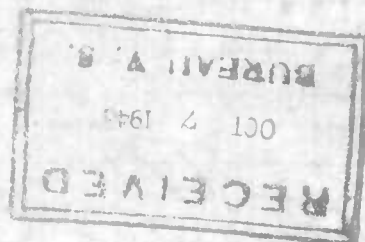
Where did injury occur? City or town County State

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry H. Leaford M.D. M. D. or other

Address Princess Anne, Md. Date signed 10/4/48



10755

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? lifetime
 Hospital, institution, or street address where death occurred:
Pine Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Pine Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

OLEVIA RIGGIN THOMPSON

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife James Thompson
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct. 12, 1862
 8. AGE: Years 86 Months 0 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Pocomoke-Worcester-Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name James E. Richardson13. Birthplace Pocomoke, Maryland14. Maiden name Demriah Young15. Birthplace Pocomoke, Maryland16. Informant Mrs. Marvin TawesAddress Crisfield, MarylandBurial Oct. 26, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or cremator Crisfield CemeteryLocation Crisfield, Maryland18. Funeral director H. Harvey BradshawAddress Crisfield, Maryland19. Oct. 26 19 48 Janice E. Spino
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 19 48 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 24 19 48, to Oct. 24 19 48, and that I last saw her alive on Oct. 24 19 48.

Immediate cause of death Acute Heart Failure DURATION 2 hrs

Due to Chronic myocarditis 1 yr

Due to Arteriosclerosis

Other conditions hypertension

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Mans of injury _____ Injured at work?

23. SIGNATURE S. M. Peyton M.D.
M. D. or other

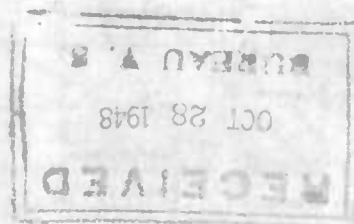
Address Crisfield Date signed Oct. 25

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

10756

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Lawsonia
 (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

Carl Lee Tyler

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male M White White Married Married

6.(b) Name of husband or wife: Mary Ellen Tyler6.(c) If alive, give age: 56 years7. Birth date of deceased (mo., day, yr.) December 20, 1892

8. AGE: Years 55 Months 55 Days 9 If less than one day
 hrs. min.

9. Birthplace: Crisfield, Maryland
 (Town, county, and state)

10. Usual occupation: Waterman
Seafood

11. Industry or business: Soloman W. Tyler12. Name: Crisfield, Maryland13. Birthplace: Emma Ayers14. Maiden name: Parksley, Virginia15. Birthplace: Lois Evans16. Informant: Asbury Ave., Crisfield, Md.

Address

17. Burial Date thereof: Oct. 7, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Hubbard Cemetery, Crisfield, Md.Location: Hubbard & Covington18. Funeral director: Main St. Crisfield, Md.

Address

19. Oct. 5th 19 48 Janice E. Spire

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 4 19 48 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 29 19 48 to October 4 19 48and that I last saw him alive on October 4 19 48Immediate cause of death: Coronary Thrombosis

DURATION

1 wk

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings at operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Sarah M. Peyton M.D.

M. D. or other

Address: Crisfield, Md. Date signed: Oct 5 1948

RECEIVED
OCT 7 1948
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10757

CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DEATH:

County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **35 years**
 Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
 How long in hospital or institution? **4 weeks**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... **Maryland** County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **Paper Street**
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

JOHN WATERS

3. (b) Social Security Number
213-10-7254

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, married, widowed, or divorced **Single**
 6. (b) Name of husband or wife
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) **June 30, 1899**
 8. AGE: Years **49** Months **3** Days **6** If less than one day hrs. min.

9. Birthplace... **Northumberland County, Va.**
 (Town, county, and state)
 10. Usual occupation... **Seafood Laborer**
 11. Industry or business **Crab Industry**
 12. Name... **George Waters**
 13. Birthplace... **Fairmount, Md.**
 14. Maiden name... **Emma Caster**
 15. Birthplace... **Northumberland County, Va.**

16. Informant **Thomas Waters**
 Address **Crisfield, Md.**

17. **Burial** Date thereof **Oct. 9, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... **Lawsonia Cemetery**
 Location... **Crisfield, Md.**
 18. Funeral director **H. Harvey Bradshaw**
 Address **Crisfield, Md.**

19. **Oct. 9th** 19 **48** **Janice E. Spivey**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **October 6, 1948** at **2:35 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 1948** to **October 6, 1948**
 and that I last saw him alive on **October 5, 1948**

Immediate cause of death **Carcinoma of stomach** DURATION **10 mos**
~~I met him to permit~~

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results **Carcinoma of stomach**
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **S. M. Peyton M. D.** M. D. or other
 Address **Crisfield, Md.** Date signed **Oct. 8, 1948**

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
 County... Somerset
 City or town... Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? new hours
 Hospital, institution, or street address where death occurred:
 Local Church
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Maryland County... Somerset
 City or town... Venona - Deal Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME WALTER D. WEBSTER
 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Hattie Webster
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) August 23, 1878
 8. AGE: Years 70 Months 0 Days 18 If less than one day hrs. min.
 9. Birthplace Wenona, Md.
 (Town, county, and state)
 10. Usual occupation Oysterman (Retired)
 11. Industry or business
 12. Name Wesley Webster
 13. Birthplace Deal Island, Md.
 14. Maiden name Smith Corew
 15. Birthplace Wenona, Md.
 16. Informant Hattie Webster
 Address Wenona, Md.

17. Burial Date thereof Oct. 13, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cemetery
 Location Wenona, Md.
 18. Funeral director L.G. Webster
 Address Deal Island, Md.
 19. Oct. 13, 1948 Janice E. Spines
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
 20. DATE OF DEATH October 10 1948 at 3:30 P.M.
 21. CERTIFY that death occurred on the date above stated; that I attended deceased from
 His death suddenly before
 doctor arrived
 Immediate cause of death Coronary
 Occlusion -
 Due to While freefloating
 Due to Serion to fall
 on floor was
 Other conditions dead when picked up
 (Include pregnancy within 3 months of death)
 Major factors of condition Natural Cause -
 Date of op.
 Autopsy result none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 William H. Colbourn, M.D.
 DEPUTY MEDICAL EXAMINER
 FOR SOMERSET COUNTY, MD.
 22. VIOLENCE: If death was due to external cause, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Wm H Colbourn M.D.
 Crisfield Md Oct 12 1948
 Date

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

10759

1. PLACE OF DEATH:

County... Somerset
City or town... Oriskany
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Somerset
City or town... Oriskany
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Elizabeth White

3. (b) Social Security Number

4. Sex Female 5. Color or race Col 6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife Not known

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 80 Months 2 Days 3 If less than one day hrs. min.

8. Birthplace Oriskany Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Antelton Maddox

13. Birthplace Oriskany

14. Maiden name Henrietta Stewart

15. Birthplace Oriskany Md

16. Informant Bessie Lane

Address Oriskany Md

17. Burial Date thereof 10-10-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St James

Location Princess Anne

18. Funeral director William H. James

Address Princess Anne

19. 10/9 48 R. S. Johnson M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1948 at 10:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death Diabetes Insipidus
Sagren Lock feet

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) (State)

Means of injury Injured at work?

23. SIGNATURE Henry M. Loutford M.D.

Address Princess Anne Md Date signed 10/8/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1948
80
1968

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10760 265

1. PLACE OF DEATH:

County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 da

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. 331 Chesapeake Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Willis Le Roy White

3. (b) Social Security Number

4. Sex M 5. Color or race B 6.(a) Single, married, widowed, or divorced S6.(b) Name of husband or wife none

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 30, 19488. AGE: Years 0 Months 0 Days 1 It less than one day _____ hrs. _____ min.9. Birthplace Crisfield
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Willis Le Roy Wilkins13. Birthplace Boysenwell, Md14. Maiden name Paula J. White15. Birthplace Crisfield, Md16. Informant Paula WhiteAddress Crisfield, Md17. Burial Date thereof Nov. 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory WesleyLocation Marion, Md18. Funeral director Norma J. WardAddress Marion, Md19. Nov. 1 19 48 Janice E. Spire
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 19 48 at 12:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 30 19 48, to Oct. 31 19 48, and that I last saw him alive on Oct. 30 19 48.

Immediate cause of death

Pneumonia

DURATION

1 da

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

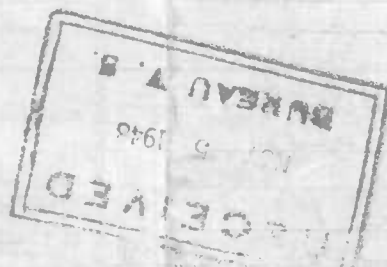
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE S. M. Peyton M.D.
M. D. or otherAddress Crisfield, Md Date signed Oct. 31, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10761

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Mt Vernon (Princess Anne)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State N.J. County CamdenCity or town Camden
(If outside city or town limits, write RURAL and give nearest town)Street No. 826 Walnut St.
(If rural, give LOCATION) ✓

2.(a) If veteran, name war

3. (a) FULL NAME

Josephine Winder

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored married

B. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Thomas Winder

7. Birth date of deceased (mo., day, yr.)

Not Known 1877

8. AGE:

Years 71 Months 11 Days 18 If less than one day

9. Birthplace

Mt Vernon, Somerset County
(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Not Known

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Emma Wolford
Address Venton, Md.

17. Burial (Burial, cremation, or removal. Which?)

Burial Date thereof 10-17-48
(month) (day) (year)

Cemetery or crematory

Mt Vernon, Md.

Location

Mt Vernon, Md.

18. Funeral director

William H Jones Jr.
Address Princess Anne, Md.

19. (Date rec'd by registrar)

10/14/48 R. A. Johnson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1948 at 11:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 4 1948 to Oct 8 1948and that I last saw him alive on Oct. 8 1948Immediate cause of death coronary thrombosisDURATION 9 daysDue to Coronary artery disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank Mather, M.D.Address Princess Anne, Md. Date signed Oct. 14

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711
121

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OCT 15 1918
BUREAU A. S.